

## DEPARTMENT OF CONSUMER AFFAIRS P.O. Box 942507, Sacramento, CA 94258-0507 (916) 322-3400



## INTERNET COMPLAINT FORM

PLEASE USE SEPARATE FORM FOR EACH COMPLAINT

PERSON FILING COMPLAINT (COMPLAINANT):		COMPLAINT FILED AGAINST (RESPONDENT): LICENSE/REG. NO IF KNOWN	
ADDRESS (NUMBER)	(STREET) (APT)	ADDRESS (NUMBER)	(STREET)
(,	(***)	()	(=::==:/
(CITY) (ST	ATE) (ZIP CODE)	(CITY) (S1	TATE) (ZIP CODE)
DHONE WHERE YOU CAN BE DEAC	HED: 9am Enm	BUSINESS PHONE NUMBER	
PHONE WHERE YOU CAN BE REACHED: 8am-5pm		BUSINESS FROME NUMBER	
(AREA CODE)		(AREA CODE)	
HOME PHONE		WHO DID YOU DEAL WITH?	
(AREA CODE)			
		l	
PLEASE SPECIFY TYPE OF COMPLAINT:			
☐ Automotive Repair	☐ Electronic and/or Appliance Repair	☐ Private Investigator	☐ Security Guard/Firearm
☐ Smog Check	☐ Home Furnishings or Thermal Insulation	Repossession Agency	☐ Private Security Company
☐ Cemetery	Trome rumismings of Thermal modation	☐ Locksmith	☐ Firearm/Baton Training
□Funeral	□ Haaring Aid Dispenses	LOCKSITII(I)	<del>-</del>
	☐ Hearing Aid Dispenser		Facility/Instructor
☐ Crematory			☐ Burglar Alarm Company
PRODUCTIVODEL/JITEM OF CONCERN.			
PRODUCT/MODEL/ /ITEM OF CONCERN:  DATE OF PURCHASE/REPAIR/SERVICE:			
BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFICWHO, WHAT, WHEN, WHERE, HOW): (Use additional paper if needed)			
British Et Bedornale Foot Comme Entity (De of Editino Firm), Whent, Whente, How,			
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WILLT DO VOLUMENT THE DEPOSIT OF COMPANY TO DO TO CATIOFY VIOLED COMPILATIVE			
WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?			
READ THE FOLLOWING REFORE SIGNING RELOW			

Please attach to this form copies of any papers involved (contracts, bills received, correspondence, invoices, estimates, etc). Paperwork received will not be copied and/or returned.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE